

***END-OF-LIFE PROVISIONS FOR AN ADULT PERSON CAPABLE OF
DRAFTING, DATING AND SIGNING THE DOCUMENT***

in accordance with the Law of 16 March 2009 on euthanasia and assisted suicide

End-of-life provisions are a request for euthanasia made in advance for cases where the patient, at a later time in their life, is in an irreversible state of unconsciousness according to science at that time and might suffer from a severe and incurable accidental or pathological disorder.

They must be sent to the address indicated below.

National Commission for Control and Assessment
of the Law of 16 March 2009 on euthanasia and assisted suicide

Ministry of Health

L – 2935 LUXEMBOURG

End-of-life provisions must be registered within the context of an official system for the systematic registration of end-of-life provisions with the National Commission for Control and Assessment. The provisions may be reiterated, withdrawn or adapted at any time. The National Commission for Control and Assessment is obliged, at least once every five years from the date of registration of the end-of-life provisions, to request confirmation of the declarant's wishes. All changes must be registered with the National Commission for Control and Assessment. Nevertheless, there may be no euthanasia if, following the procedures he is obliged to follow, the doctor obtains knowledge of an expression of the wishes of the patient after the end-of-life provisions have been duly registered, by means of which they withdraw their wish to undergo euthanasia.

Section I. Obligatory data

My personal data are as follows:

- name, forename
- address
- reference
- date and place of birth
- telephone:

Optional:

- GSM:
- e-mail address:

For the case where I can no longer manifest my wishes, I hereby record in writing in these end-of-life provisions that I wish to undergo euthanasia, if my doctor observes:

that I am afflicted by a severe and incurable accidental or pathological disorder,
that I am unconscious, and
that this situation is irreversible according to science at the time.

Personal remarks concerning the circumstances and conditions in which I wish to undergo euthanasia:

This declaration has been made freely and consciously. I wish these end-of-life provisions to be observed.

Date and signature of the declarant

<u>Date</u>
<u>Signature of the declarant</u>

Section II. Optional data

A. The adult person of trust who may be appointed to keep the doctor updated on the wishes of the declarant in accordance with their last declarations in this regard

name and forename
address
reference
telephone number
date and place of birth
possible family link.

B. (Optional) provisions as to the mode of burial and the form of the funeral ceremony
